



DEPARTMENT OF THE NAVY

NAVY MEDICINE EAST
620 JOHN PAUL JONES CIRCLE
PORTSMOUTH, VIRGINIA 23708-2106

NAVMEDEASTINST 4650.1 CH 1
M8A
6 Jun 07

NAVY MEDICINE EAST INSTRUCTION 4650.1 CHANGE TRANSMITTAL 1

From: Commander, Navy Medicine East

Subj: TRAVEL MANAGEMENT

Encl: (1) Enclosure (6) Compensatory Time off for Travel
Request and Authorization Form/Procedures/Type/Hour
Codes

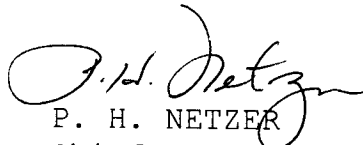
1. Purpose. To transmit changes to the basic instruction as follows:

a. Under references, replace (i) with OPM Memo CPM 2007-02 of 17 Apr 07.

b. Under enclosures, add enclosure (6).

c. On page 8, add paragraph c. to read: When travel cannot be performed during regular hours of work, NME civilian employees are entitled to compensatory time off for travel. Reference (i) is the Comptroller General memo on the final regulations on compensatory time off for travel. This memo includes an OPM website link to the updated compensatory time off for travel fact sheet, questions and answers, and examples of creditable travel time.

2. Action. Make pen and ink changes to basic instruction and insert enclosure (1).


P. H. NETZER
Chief of Staff

Distribution:
List A

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TRAVEL COMPENSATORY TIME
REQUEST AND AUTHORIZATION

FROM: _____, Director					DATE: _____		
TO: Civilian Payroll			Employee Name: _____			SSN: _____	
It is request that authorization be given for the following employee(s) to earn travel compensatory time. See PUBLIC LAW 108-411, October 30, 2004 for addition information. <input type="checkbox"/> Travel Compensatory Time Earned							
Travel Date	* Code See Legend	Travel Status Hours		Name (Last, First, Middle Initial)	** # Delay Hours	Credit	Non-Credit
		From	To				
The only hours to be Compensated are the Credit Hours					Total		
Travel Order No.: _____			Pay Period Ending: _____		Regular Work Hours: _____		
Note: All Compensatory Time Earned must be used within one (1) year from the Earned Date. This leave is non-transferable; not eligible for a lump sum payment and is available in 15 minute increments.							
Signature (Requestor): _____					Title: _____		
Authorization: Request is: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		Signature (Approving authority): _____			Date: _____		
* Legend:	Type of Travel Overtime 1 = Drive to Residence/Home 2 = Drive to Airport 3 = Drive to Worksite 4 = Drive to Hotel 5 = Drive to Training 10 = Connecting Flight Delayed 20 = Wait at Airport 25 = Wait at Airport/# _____ Hour Delay 30 = Plane Departs/Lands 40 = Meal at Airport				Note:	This request may contain information subject to the Privacy Act of 1974 as amended.	
** Only completed # of Delay Hours when using Code 25.							

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TRAVEL COMPENSATORY TIME
REQUEST AND AUTHORIZATION

FROM: Admin, Director					DATE: 6-13-05		
TO: Civilian Payroll			Employee Name: JENNIFER LOPEZ		SSN: 123-45-6789		
It is requested that authorization be given for the following employee(s) to earn travel compensatory time. See PUBLIC LAW 108-411, October 30, 2004 for additional information.							
					<input type="checkbox"/> Travel Compensatory Time Earned		
Travel Date	* Code See Legend	Travel Status Hours		Name (Last, First, Middle Initial)	** # Delay Hours	Credit Hours	Non-Credit Hours
		From	To				
2-27-05	2	0500	0530	LOPEZ, JENNIFER		0.50	
2-27-05	20	0530	0730	" "		2.00	
2-27-05	30	0730	1530	" "		8.00	
2-27-05	4	1530	1630	" "		1.00	
3-3-05	2	0530	0630				1.00
3-3-05	20	0630	0830				2.00
3-3-05	30	0830	1130				3.00
3-3-05	40	1130	1200				0.50
3-3-05	25	1200	1400		1.00		2.00
3-3-05	30	1400	1600			0.50	1.50
3-3-05	1	1600	1630				.50
The only hours to be compensated are the Credit Hours					Total	12.0	
Travel Order No.: N6890805TO02348			Pay Period Ending: 3-5-05		Regular Work Hours: 0630-1500		
<p>Note: All Compensatory Time Earned must be used within one (1) year from the Earned Date. This leave is non-transferable; not eligible for a lump sum payment and is available in 15 minute increments.</p>							
Signature (Requestor): <i>Jennifer Lopez</i>					Title:		
Authorization: Request is:		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		Signature (Approving authority): <i>[Signature]</i>		Date: 6-15-05	
* Legend:	Type of Travel Overtime			Note:	This request may contain information subject to the Privacy Act of 1974 as amended.		
	1 = Drive to Residence/Home 2 = Drive to Airport 3 = Drive to Worksite 4 = Drive to Hotel 5 = Drive to Training 10 = Connecting Flight Delayed 20 = Wait at Airport 25 = Wait at Airport/# _____ Hour Delay 30 = Plane Departs/Lands 40 = Meal at Airport						
** Only completed # of Delay Hours when using Code 25.							

Example "A"

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TRAVEL COMPENSATORY TIME REQUEST AND AUTHORIZATION PROCEDURES

1. The following guidelines are to be followed when preparing the Travel Compensatory Time Request and Authorization.

- a. The department head for the employee(s) that the request is for.
- b. Date of request
- c. Civilian Payroll
- d. Employee Name
- e. Employee Social Security Number
- f. Date of travel – Specific day you earned travel compensatory time.
- g. Use legend to choose type of travel compensatory time,
- h/i. From and To travel status hours in military time.
- j. Last, First, Middle Initial of traveler.
- k. Number of hours flight was delayed. (You can only credit 2 hours for a domestic flight, 4 hours for an international flight.)
- l. Number of credit hours you are claiming for the specific travel date.
- m. Number of non-credit hours for the specific travel date
- n. Total of credit and non-credit hours.
- o. Travel order number related to time period you are claiming travel compensatory time.
- p. Pay period ending date on timesheet you are claiming travel compensatory time earned.
- q. Your normal working hours. (0630 – 1500)
- r. Signature of the person requesting travel compensatory time.
- s. Check appropriate box.
- t. Signature of person authorized to approve/disapprove the compensatory time earned.

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- u. Date authorized authority signed.
2. After the form is completed make a copy for your file and send the original to the Civilian Payroll Office. (No completed Request for Travel Compensatory Time Authorization in payroll means no travel compensatory time for employee(s).)

Enclosure (6)

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TYPE HOUR CODES FOR TRAVEL COMPENSATORY TIME

CB - Travel Compensatory Time Earned

CF - Travel Compensatory Time Used